



CAUTION



Casualties transported in this manner do not receive en route medical care; if the casualty's medical condition deteriorates during transport, an adverse impact on his prognosis and long-term disability may result.



ANALYZE THE FACTORS



- **Identify the task.**
- **Evaluate circumstances of the rescue.**
- **Plan the Action.**



POSITIONING THE CASUALTY



Figure B-1. Positioning the casualty.



POSITIONING THE CASUALTY (cont)



Figure B-2. Rolling casualty onto his abdomen.



THE FIREMAN'S CARRY

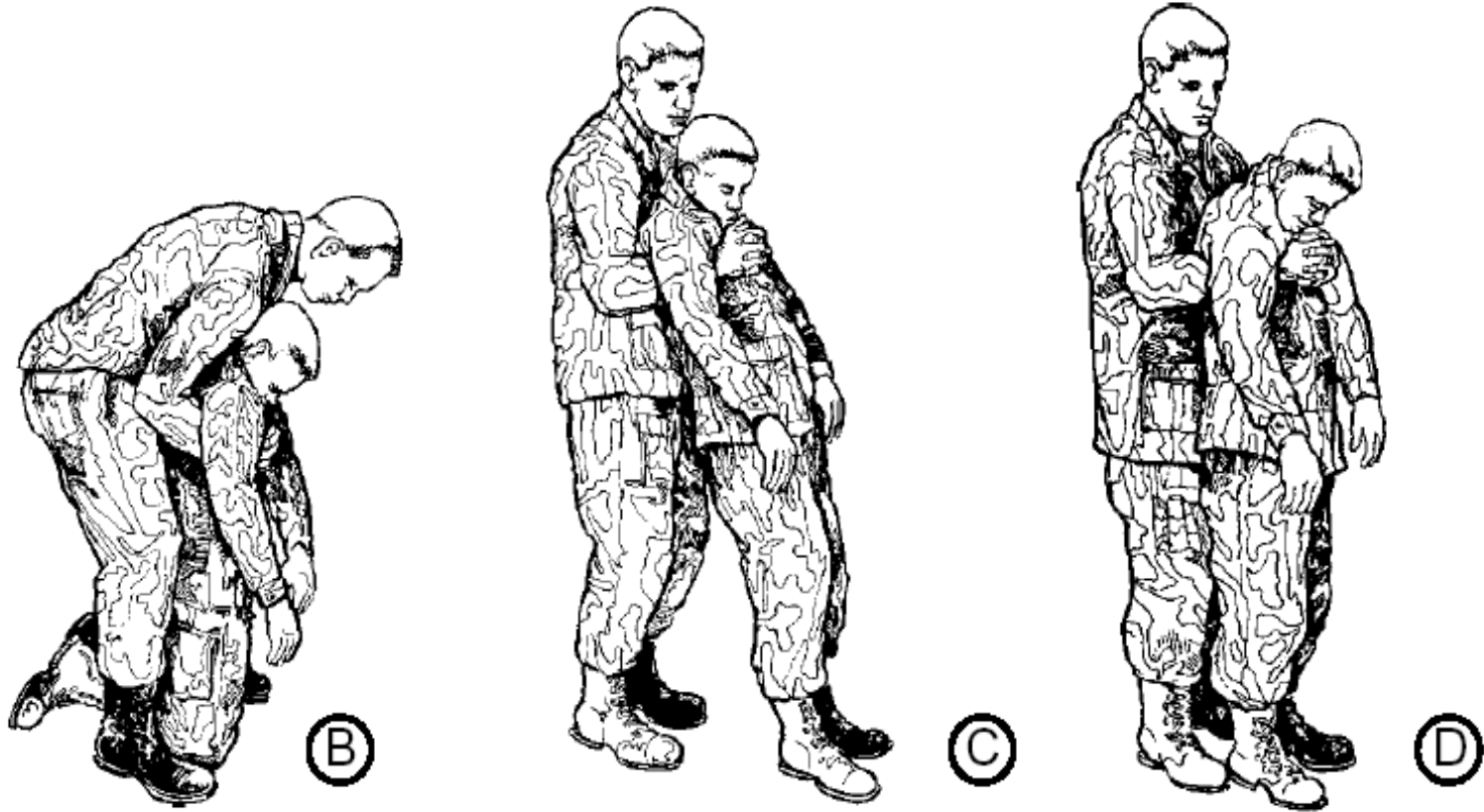


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THE FIREMAN'S CARRY

(cont)





THE FIREMAN'S CARRY

(cont)



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Ⓖ



THE FIREMAN'S CARRY

(cont)



Ⓜ



Ⓜ



Ⓜ



ALTERNATE METHOD



(A)



(B)



SUPPORTING CARRY





ARMS CARRY





SADDLEBACK CARRY





PACK-STRAP CARRY





UNIT EVACUATION PLAN



- **Primary and Alternate Channels to use in submitting the request.**
- **Primary and Alternate evacuation routes.**
- **Means of Evacuation.**
- **Location of the destination MTF, if pre-designated.**



CATEGORIES OF PRECEDENCE



- **Priority I- URGENT**
- **Priority IA- URGENT- SURG**
- **Priority II- PRIORITY**
- **Priority III- ROUTINE**
- **Priority IV-- CONVENIENCE**



DA FORM 1156



(FRONT)

CASUALTY FEEDER REPORT

(AR 600-8-1)

CHECK APPLICABLE BOX

☐

HOSTILE ACTION

☐

NON-HOSTILE ACTION

1. LAST NAME - FIRST NAME - MIDDLE NAME

2. SERVICE NO.

3. GRADE

4. HOUR AND DATE OF INCIDENT

5. UNIT

6. GEOGRAPHICAL LOCATION *(nearby town)* AND GRID COORDINATES

7. TYPE OF CASUALTY *(Check applicable box(es))*

<input type="checkbox"/>	KILLED IN ACTION	<input type="checkbox"/>	MISSING IN ACTION	<input type="checkbox"/>	WOUNDED OR INJURED IN ACTION
<input type="checkbox"/>	DIED OF WOUNDS OR INJURIES	<input type="checkbox"/>	CAPTURED	<input type="checkbox"/>	LIGHTLY WOUNDED OR INJURED IN ACTION *
<input type="checkbox"/>	DIED NOT AS RESULT OF HOSTILE ACTION	<input type="checkbox"/>	DETAINED	<input type="checkbox"/>	SERIOUSLY INJURED OR INJURED IN ACTION *
<input type="checkbox"/>	BODY RECOVERED YES NO	<input type="checkbox"/>	INTERNEED	<input type="checkbox"/>	SERIOUSLY INJURED NOT AS RESULT OF HOSTILE ACTION
<input type="checkbox"/>	BODY IDENTIFIED YES NO	<input type="checkbox"/>	MISSING	<input type="checkbox"/>	LIGHTLY INJURED NOT AS RESULT OF HOSTILE ACTION

EVACUATED TO

**To be indicated by medical personnel only.*

DA FORM 1156, 1 JUN 66

REPLACES EDITION OF 1 MAY 61, WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED. USAPA V1.00

T341/OCT 04/VGT-16

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(BACK)



8. WITNESSES WHO SAW INCIDENT OR IDENTIFIED REMAIN (Name, grade, service number and unit)

9. REMARKS (Additional circumstances, any religious ministrations performed, etc.)

10. FOR USE BY C.O. OR MED. OFF. (only for casualties not the result of hostile action)

LINE OF DUTY: ☐ YES ☐ NO ☐ UNDETM

AUTHENTICATED BY
(CO of Med. Off.)

VERIFIED BY (Pers. Off.)

UNIT

GRADE

SERVICE NO.

DATE

SIGNATURE OF PERSON PREPARING REPORT



DA FORM 1155

(FRONT)



WITNESS STATEMENT ON INDIVIDUAL (AR 600-8-1)

CHECK APPLICABLE BOX

☐ MIS ☐ MIA ☐ CAP ☐ DET
☐ DEAD (Remains not recovered)

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

2. SERVICE NO.

2A. SSN

3. GRADE

4. DATE OF DEATH OR WHEN LAST SEEN

5. ORGANIZATION

6. GEOGRAPHICAL LOCATION (Include grid coordinates and nearby town)

7. IF ITEMS 1 AND 2 ARE UNKNOWN OR NOT POSITIVE, COMPLETE ITEMS LISTED BELOW:

AGE

WEIGHT

HEIGHT

HAIR

EYES

RACE

HOME TOWN

CIVILIAN OCCUPATION

NICKNAME

WAS HE MARRIED? (If so, give wife's name if known)

DID HE HAVE ANY CHILDREN? (If so, give names if known)

OTHER IDENTIFYING MARKS
(such as tattoos or birthmarks)

OTHER PERSONS WHO MAY HAVE WITNESSED THIS INCIDENT
OR HAVE FURTHER INFORMATION

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(BACK)

8. CIRCUMSTANCES SURROUNDING INCIDENT (If known, include cause of death or condition when last seen, and how identified)

9. NAME OF PERSON MAKING STATEMENT

10. SERVICE NO./SSN

11. UNIT

12. DATE

13. SIGNATURE